2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L05000122023

Entity Name: KALAMATA SKALA HOLDINGS, LLC

Current Principal Place of Business:

4898 TROPICANA AVENUE
COOPER CITY, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

4898 TROPICANA AVENUE
COOPER CITY, FL 33330 US

New Mailing Address:

FEI Number: 20-3987652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	T	( ) Delete
Name:	ANGELAKOS, MICHAEL	
Address:	4898 TROPICANA AVENUE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	D	( ) Delete
Name:	ANGELAKOS, MICHAEL	
Address:	4898 TROPICANA AVENUE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	P	( ) Delete
Name:	ANGELAKOS, ELENI	
Address:	4898 TROPICANA AVENUE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	D	( ) Delete
Name:	ANGELAKOS, ELENI	
Address:	4898 TROPICANA AVENUE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	S	( ) Delete
Name:	KOMINAKOS, DIMITRIOS	
Address:	416 99TH STREET	
City-St-Zip:	BROOKLYN, NY 11209	
Title:	D	( ) Delete
Name:	KOMINAKOS, DIMITRIOS	
Address:	416 99TH STREET	
City-St-Zip:	BROOKLYN, NY 11209	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL ANGELAKOS T/D 07/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date